Speaker(s):

Location:

Date:

Please check one.

I have a disability (self advocate) I am an advocate

I am a family member I am a professional

I am a direct support staff I am an election official

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Use the numbers to tell us about the training. (1 not good and 5 great) | 1 | 2 | 3 | 4 | 5 |
| The presenter(s) made me excited about voting. |  |  |  |  |  |
| The training was easy to understand. |  |  |  |  |  |
| I learned something new about voting. |  |  |  |  |  |
| Did you vote before this training? \_\_\_\_\_Yes \_\_\_\_\_No |
| Did you know about your voting rights before this training? \_\_\_\_\_Yes \_\_\_\_\_No |
| Do you feel confident and prepared to vote in the next election? \_\_\_\_\_Yes \_\_\_\_\_No |

Comments: